

# INSTRUCTIONS FOR PREPARING THE HICAP FINANCIAL CLOSEOUT REPORT (CDA 230) NEW (5/05)

## **GENERAL INSTRUCTIONS**

In order to allow sufficient time for review and approval, one copy of the CDA 230, with an original signature, must be received by August 31, 2005. The signed copy should be submitted by the due date and addressed to your respective AAA-Based Team Fiscal Specialist and sent to **(please note new address)**:

**California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, California 95834**

**In addition, the closeout report must be e-mailed, as an attachment to the fiscal team public e-mail addresses.**

Heading: Enter the contract period, contract number, date and PSA number on pages 1 through 3. The contract number shall consist of the letters HI, the fiscal year, and the PSA number (e.g., HI 0405-34).

## **PAGE 1 – EXPENDITURE SUMMARY**

Cost Categories: The lines in this section list the allowable cost categories for Area Agency on Aging (AAA) Administration for the HICAP Program.

### **AAA Administration:**

**Personnel:** On line 1, column A, enter the amount of total Area Agency Administration personnel costs funded with State and federal funds. Include in this amount all salary and fringe benefit expenses. **Also, enter this amount on line 1, column D.**

**Operating Expenses:** On line 2, column A, enter the amount of total Area Agency Administration operating expenses funded with State and federal funds. Include in this amount all rent, supplies, telephone and any other expenses charged for administering the program. **Also, enter this amount on line 2, column D.**

**Indirect Administration:** On line 3, column A, enter the amount of Area Agency Administration total indirect expenses funded with State and federal funds. **Also, enter this amount on line 3, column D.**

**Total Administration:** On line 4, column A, enter the total of lines 1, 2, and 3, column A. **Also, enter this total on line 10, column A, Total Closeout and on line 4, column D, Total Administration.**

**Column F: Other Funding**

On lines 1 through 3, column F, enter the amount of Personnel, Operating Expenses, and Indirect Administration funded with Other Funding, as applicable.

**Total Administration:** On line 4, column F, enter the total of lines 1, 2, and 3, column F.

**Column G: Total All Funds**

On lines 1 through 3, column G, enter the sum of columns D plus F for Personnel, Operating Expenses, and Indirect Administration, as applicable.

**Total Administration:** On line 4, column G, enter the total of lines 1, 2, and 3, column G.

**HICAP Program:**

**Column B: Direct Services**

For all HICAP programs administered directly by the AAA, enter the amount of expenses funded with State and Federal funds by funding source (HICAP Reimbursement, HICAP Fund, HICAP General SHIP, and HICAP MMA Supplemental funds), on lines 5 through 8, as applicable. Include all salary and fringe benefit expenses, rent, supplies, telephone, all other operating expenses charged for administering the program, and indirect expenses.

**TOTAL HICAP PROGRAM:** On line 9, column B, enter the total of lines 5 through 8, column B. **Also enter this total on line 10, column B, TOTAL CLOSEOUT.**

**Column C: Contracted Services**

For all HICAP programs contracted by the AAA, enter the amount of expenses funded with State and Federal funds by funding source (HICAP Reimbursement, HICAP Fund, HICAP General SHIP, and HICAP MMA Supplemental funds), on lines 5 through 8, column C, as applicable. Include all salary and fringe benefit expenses, rent, supplies, telephone, all other operating expenses charged to the program, and indirect expenses.

**TOTAL HICAP PROGRAM:** On line 9, column C, enter the total of lines 5 through 8, column C. **Also enter this total on line 10, column C, TOTAL CLOSEOUT.**

**Column D: Total columns (A, B, C)**

On lines 5 through 8, column D, enter the total of columns B plus C (HICAP Reimbursement, HICAP Fund, HICAP General SHIP, and HICAP MMA Supplemental funds), as applicable.

**TOTAL HICAP PROGRAM:** On line 9, column D, enter the total of lines 5 through 8, column D.

**TOTAL CLOSEOUT:** On line 10, column D, enter the total of line 4, column D plus line 9, column D.

### **Column E: Program Income**

On lines 5 through 8, column E, enter the amount of Program Income that was used to fund allowable expenditures in the HICAP Program.

**TOTAL HICAP PROGRAM:** On line 9, column E, enter the total of lines 5 through 8, column E. **Also enter this total on line 10, column E, TOTAL CLOSEOUT.**

### **Column F: Other Funding**

On lines 5 through 8, column F, enter the amount of expenses funded with Other Funding.

**TOTAL HICAP PROGRAM:** On line 9, column F, enter the total of lines 5 through 8, column F.

**TOTAL CLOSEOUT:** On line 10, column F, enter the total of line 4, column F plus line 9, column F.

### **Column G: Total All Funds (D, E, F)**

On lines 5 through 8, column G, enter the total of columns D, E, and F, by funding source (HICAP Reimbursement, HICAP Fund, HICAP General SHIP, and HICAP MMA Supplemental funds), as applicable.

**Total HICAP Program:** On line 9, column G, enter the total of lines 5 through 8, column G.

**Total Closeout:** On line 10, column G, enter the total of line 4, column G plus line 9, column G.

## **Page 2 – HICAP CONTRACTED SERVICES EXPENDITURES**

On this page, report contracted services expenditures funded from HICAP Reimbursements, HICAP Fund, HICAP General SHIP funds, HICAP MMA Supplemental SHIP funds, Program Income, and Other Funding.

- **Contractors** - Enter the Contractor name, address, telephone number and contact person for this service.
- **HICAP Reimbursements, Column (A)** - Enter the expenditures, from this funding source, for this contractor.

- HICAP Fund, Column (B) - Enter the expenditures, from this funding source, for this contractor.
- HICAP Federal General SHIP, Column (C) - Enter the expenditures, from this funding source, for this contractor.
- HICAP Federal MMA Supplemental, Column (D) - Enter the expenditures, from this funding source, for this contractor.
- Program Income, Column (E) - Enter the expenditures funded by Program Income for this contractor.
- Other Funding, Column (F) - Enter the expenditures funded by Other Funding for this contractor.
- Total Contracted Services, Column (G) - Enter the total of columns (A) through (F).
- TOTAL HICAP CONTRACTED SERVICES - For columns (A) through (G), add the expenditures for all contractors, and enter the total.

### **PAGE 3 – MEDICARE MODERNIZATION ACT (MMA) EXPENDITURES**

On this page, report direct and contracted services expenditures funded from HICAP MMA Supplemental SHIP funds only. Expenditures reported on page 3 must be included on pages 1 and 2, as appropriate. Detailed line item expenditure information must be provided for both direct and contracted services.

#### **Personnel**

- Salaries & Wages (Direct MMA Costs) – In column (A), enter Salaries & Wages for direct services funded from MMA Supplemental SHIP funds.
- Salaries & Wages (Contracted MMA Costs) – In column (B), enter the Salaries & Wages for contracted services funded from MMA Supplemental SHIP funds.
- Staff Benefits (Direct MMA Costs) – In column (A), enter the Staff Benefits for direct services funded from MMA Supplemental SHIP funds.
- Staff Benefits (Contracted MMA Costs) – In column (B), enter the Staff Benefits for contracted services funded from MMA Supplemental SHIP funds.
- TOTAL, Column (C) - Enter the total of columns (A) and (B).
- TOTAL PERSONNEL COSTS - Add Salaries & Wages to Staff Benefits and enter the total in each column.

## Operating Expenses

- Direct MMA Costs – In column (A), enter operating expenditures (direct services) for each appropriate line, funded from MMA Supplemental SHIP funds.
- Contracted MMA Costs - In column (B), enter operating expenditures (contracted services) for each appropriate line, funded from MMA Supplemental SHIP funds.
- TOTAL– In column (C), enter the total of columns (A) and (B) for each line.
- TOTAL OPERATING EXPENSES - Add Operating Expenses and enter the total in each column.

## Indirect Costs

- Direct MMA Costs – In column (A), enter Indirect Costs for direct services funded from MMA Supplemental SHIP funds.
- Contracted MMA Costs - In column (B), enter Indirect Costs for contracted services funded from MMA Supplemental SHIP funds.
- TOTAL– In column (C), enter the total of columns (A) and (B).

## Total MMA Costs

- Add Total Personnel, Total Operating Expenses, and Indirect Costs per column, and enter the total.